

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-3-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99456L3Wp and 99080-69.

II. FINDINGS

The respondent denied reimbursement based upon, "F – Reduced According to Fee Guidelines."

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-17-03	99456L3WP	\$450.00	\$350.00	F	\$350.00	Evaluation & Management FR (XXIII)(E)(2)	Paid in accordance with MFG, no reimbursement is recommended.
	99080-69	\$15.00	\$0.00	F	\$15.00	Rule 130.1 Rule 130.6(r)(3)(E)	No additional payment is recommended per Rule.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code(s) 99456L3WP and 99080-69 .

The above Findings and Decision are hereby issued this 16th day of April 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division